

**OVHA Pharmacy Programs (other coverage guidelines apply for Part D and ESI wrap plans and OTC coverage)**

Plan	Benefit	Potential Beneficiaries	Income Limit	Resource Limit	Monthly Premium	Beneficiary Copayment	Coinsurance
Vermont Medicaid / VHAP / Dr. Dynasaur (Covers inpatient and outpatient health care and pharmacy)	Medicaid Covered Drugs	Medicaid: Aged / disabled, children, parents or caretakers of children. VHAP: Age 18 and over, income eligible Dr. Dynasaur: income eligible, under age 18 and pregnant women	VHAP: up to 185% of FPL Dr. Dynasaur: up to 300% of FPL	Applies only to Medicaid	Medicaid: None VHAP: \$7 - \$49 Dr. Dynasaur: \$15 - \$60	Medicaid: \$1, \$2 and \$3, depending on cost of drug. VHAP: \$25 for ER visits Dr. Dynasaur: no copayments. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.	None
VHAP Pharmacy (A pharmacy-benefit only program)	Medicaid covered drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	<= 150% of the FPL	None	\$17 per person	None	None
VHAP Limited	Medicaid covered drugs						
VScript (A pharmacy-benefit only program)	Medicaid covered maintenance drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	>150% but <= 175% of the FPL	None	\$23 per person	None	None
VScript Expanded (A pharmacy-benefit only program)	Medicaid covered maintenance drugs from manufacturers with a current Vermont Supplemental Rebate Agreement	Aged / disabled with no Medicare coverage and no pharmacy coverage	>175% but <= 225% of the FPL	None	\$50.00 per person	None	None
Healthy Vermonters (A pharmacy-benefit only program)	Beneficiary pays the state's rate for Medicaid covered drugs	Aged / disabled and others with no pharmacy coverage or coverage with an annual limit that has been met	Aged or disabled: up to 400% of the FPL; others: up to 350% of the FPL	None	None at this time	Beneficiary pays the state's rate for drugs	None